

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO</b>		3. FEC Identification Number <b>C</b> <b>C90011172</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1625 L STREET NW</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20036</b>		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

**09 / 21 / 2012**  
 THROUGH  
**09 / 27 / 2012**

6. TOTAL CONTRIBUTIONS .....

**.00**

7. TOTAL INDEPENDENT EXPENDITURES .....

**584000.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Rodney Mosby

Rodney Mosby

09/27/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 80109.42	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure TV ADS - DONOR		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 3000.00	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure PRODUCTION COSTS - DONOR		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 455205.95	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure TV ADS - FUNDER		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		538315.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)			

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 20700.00	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure PRODUCTION COSTS - FUNDER		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 23684.63	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure ONLINE ADS - DONOR		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 09 / 25 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 1300.00	
City PHILADELPHIA	State PA	Zip Code 19103	
Purpose of Expenditure PRODUCTION COSTS - DONOR		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CHRIS CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 584000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		45684.63	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)		584000.00	